



ARIZONA DEPARTMENT OF PUBLIC SAFETY

**SECURITY GUARD
TRAINING VERIFICATION**

**D.P.S.
LICENSING
MAILING
ADDRESS**

Arizona Department of Public Safety
Mail Drop No. 1160
P. O. Box 6328
Phoenix, AZ 85005-6328

This form must be completed by a licensed security guard agency and attached to the applicant's security guard registration application.

SECURITY GUARD NAME			STATE LICENSE NUMBER	
STREET ADDRESS (INCLUDE APARTMENT NO.)	CITY	STATE	ZIP CODE	DATE OF BIRTH

As required by A.R.S. §32-2632, the above named security guard has completed the minimum 8-hour training program conducted by:

AGENCY NAME	AGENCY LICENSE NO.
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X

SIGNATURE OF AGENCY INSTRUCTOR OR AUTHORIZED SIGNER

DATE TRAINING COMPLETED

DPS 802-06790 Rev. 10/2002



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